Personnel

Name of Injured:

Others Injured:

Witnessess 1:   Name

Contact Information

Witnessess 2:   Name

Contact Information

Comments: ☐

LBNL Employee: Yes ☐   No ☐

Career ☐   Term ☐   Affiliate ☐   Contract Labor ☐

Summer Hire ☐   Intern ☐   Other ☐

Job Description   ##.#   Job Description

Matrix: Yes ☐   No ☐   Home Div   Home Supvsr   Matrix Div   Matrix Supvsr

Comments: ☐

Not LBNL Employee:
Vendor/Contractor: Yes ☐

Service Vendor ☐   Contract Vendor ☐   Const Subcont Emp ☐

Guest: Yes ☐   Research ☐   Other ☐

User: Yes ☐   User Facility ☐

Visitor: Yes ☐   No ☐   Work ☐   Non-work ☐

Visitor's Host: Name   Division   Phone

Comments: ☐